

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name	HILL, DAVID	Reg.#	12585-007
Date of Birth	05/16/1971	Sex	M
Encounter Date	09/16/2010 09:00	Race	BLACK
	Provider: Alama, F. MLP	Facility	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 09/16/2010 14:28.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Note Date:	09/09/2010 09:56	Provider:	DeLeon, Dan RN/IDC
		Race:	BLACK
		Facility:	LEW

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: DeLeon, Dan RN/IDC

Calculated use of force assembled for administration of involuntary TST. Inmate has no contraindications for the TST and has been administered the TST in the three previous years in BEMR. Conflict avoidance was successful and inmate did submit to hand restraints. Inmate was escorted to the range by custody and a TST was administered in the left forearm without incident.

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by DeLeon, Dan RN/IDC on 09/09/2010 10:01

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Alama, F. MLP.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg.#:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	09/09/2010 09:56	Provider:	DeLeon, Dan RN/DC
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 09/09/2010 13:42.

Reviewed by Alama, F. MLP on 09/13/2010 10:29.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name	HILL, DAVID	Sex	M	Reg #	12585-007
Date of Birth	05/16/1971	Provider	DeLeon, Dan RN/IDC	Race	BLACK
Note Date	09/09/2010 08:43			Facility	LEW

Admin Note encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** DeLeon, Dan RN/IDC

Refused TST for the second time. Approached with LT Hepner. No contraindications exist for the TST. Has taken the TST in last three years

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by DeLeon, Dan RN/IDC on 09/09/2010 08:45
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.
Requested to be reviewed by Alama, F. MLP.
Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	DeLeon, Dan RN/IDC	Race:	BLACK
Encounter Date:	09/09/2010 08:43			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 09/09/2010 09:48.

Reviewed by Alama, F. MLP on 09/13/2010 10:29.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name	HILL, DAVID	Reg.#	12585-007
Date of Birth	05/16/1971	Sex	M
Note Date	09/01/2010 08:08	Provider	DeLeon, Dan RN/IDC
		Race	BLACK
		Facility	LEW

Follow-up encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: DeLeon, Dan RN/IDC

Stopped during sick call/pill line. C/O of neck and back pain: "The team was rough on me yesterday."
Observed in cell, gets down from upper bunk without difficulty, ambulates to cell without difficulty and leans head toward edge of door to communicate without difficulty. No open areas noted, no swelling of hands noted, FROM bilat hands and wrists.

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by DeLeon, Dan RN/IDC on 09/01/2010 08:11

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Alama, F. MLP.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: HILL, DAVID
Date of Birth: 05/16/1971
Encounter Date: 09/01/2010 08:08

Sex: M
Provider: DeLeon, Dan RN/IDC

Reg #: 12585-007
Race: BLACK
Facility: LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 09/02/2010 10:15.

Reviewed by Alama, F. MLP on 01/31/2011 10:07.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Hemphill, J. PA-C	Race: BLACK
Encounter Date: 08/31/2010 12:17		Facility: LEW

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

SUBJECTIVE:

INJURY 1 Provider: Hemphill, J. PA-C

Date of Injury: 08/31/2010 10:20 **Date Reported for Treatment:** 08/31/2010 10:20

Work Related: No **Work Assignment:** UNASSG

Where Did Injury Happen (Be specific as to location):

D Block, 1st floor shower

Cause of Injury (Inmate's Statement of how injury occurred):

no injuries observed

Symptoms (as reported by inmate):

no injuries reported.

OBJECTIVE:

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

Affect

Flat (yes)

Peripheral Vascular

upper and lower extremity circulation intact.

ASSESSMENT:

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
Other medical exam for administrative purposes	V70.3	Current	06/22/2010	Recurrence	Temporary/Acute

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/31/2010	Not Done		Hemphill, J.	No Participation

Inmate Name: HILL, DAVID	Reg #: 12585-007	
Date of Birth: 05/16/1971	Sex: M	Race: BLACK
Encounter Date: 08/31/2010 12:17	Provider: Hemphill, J. PA-C	Facility: LEW

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 08/31/2010 12:22

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name	HILL, DAVID	Reg #	12585-007
Date of Birth	05/16/1971	Sex	M
Encounter Date	08/31/2010 12:17	Provider	Hemphill, J. PA-C
		Race	BLACK
		Facility	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 09/02/2010 10:09.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Note Date:	08/03/2010 13:36	Provider:	Alama, F. MLP
		Race:	BLACK
		Facility:	LEW

Admin Note encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Alama, F. MLP

Seen this inmate for Toe Nail problem. He's able to cut his toenails with Clipper.
He shows relief from the pressure.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Alama, F. MLP on 08/03/2010 13:39

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg.#:	12585-007
Date of Birth:	05/16/1971	Provider:	Alama, F. MLP	Race:	BLACK
Encounter Date:	08/03/2010 13:36			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 08/03/2010 14:32.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #	12585-007
Date of Birth:	05/16/1974	Provider:	Masser, K. Admin Asst	Race:	BLACK
Note Date:	07/23/2010 12:50			Facility:	LEW

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Masser, K. Admin Asst

Issued one pair of Unicor institutional eye glasses.

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No

Completed by Masser, K. Admin Asst on 07/23/2010 12:51

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name	HILL, DAVID	Reg#	12585-007
Date of Birth	05/16/1971	Sex	M
Note Date	07/14/2010 12:33	Provider	Navarro, I. MLP
		Race	BLACK
		Facility	LEW

Admin Note encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Navarro, I. MLP

Patient request refill of asthma inhaler. Hx of asthma since 6/27/2002

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
36857-LEW	Albuterol Inhaler HFA (18 GM) 90 mcg	07/14/2010 12:33	Inhale 2 puffs four times daily as needed x 90 day(s)

Indication: Respiratory disease (chronic) NOS

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Navarro, I. MLP on 07/14/2010 12:39

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Fasciana, Francis MLP	Race: BLACK
Encounter Date: 06/24/2010 06:00		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Fasciana, Francis MLP

Chief Complaint: No Complaint(s)

Subjective: - Inmate in 4-point restraints.
- Voices no complaints at this time.
- Refers being in restraints " because I don't want to take on a cellmate."
- Refers has been drinking water and eating daily.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/24/2010	09:01 LEW	75	Radial		Fasciana, Francis MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/24/2010	09:01 LEW	16	Fasciana, Francis MLP

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

Affect

Pleasant (yes), Cooperative (yes)

Peripheral Vascular

Arms

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Capillary Refill Normal (yes)

ASSESSMENT:

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
--------------------	-------------	---------------	--------------------	-----------------	-------------

Attachment B

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 12585-007

Inmate Name: HILL, DAVID

<u>Description</u>	<u>Type</u>	<u>ICD</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>	<u>Comments</u>
Dermatophytosis of nail (Tinea unguium)						
10/22/2010 14:11 EST Alama, F. MLP	Chronic	110.1	10/22/2010	Current	10/22/2010	
Other chronic pain						
08/18/2008 12:28 EST Naeem, Mohammad MLP	Chronic	338.29	08/18/2008	Current	08/18/2008	
Infection by other and unspecified mycoses						
06/06/2008 17:31 EST Alred, David DO CD	Chronic	117.9	06/06/2008	Current	06/06/2008	general oncomycosis of toenails.
Other specified general medical examination						
12/03/2010 11:02 EST Alama, F. MLP	Temporary/Acute	V70.8	12/03/2010	Current	12/03/2010	
Other medical exam for administrative purposes						
06/22/2010 10:05 EST Navarro, I. MLP	Temporary/Acute	V70.3	06/22/2010	Current	06/22/2010	
Other medical exam for administrative purposes						
02/05/2010 13:22 EST Navarro, I. MLP	Temporary/Acute	V70.3	02/05/2010	Current	02/05/2010	
Other medical exam for administrative purposes						
01/19/2010 13:54 EST Navarro, I. MLP	Temporary/Acute	V70.3	01/19/2010	Current	01/19/2010	Patient in ambulatory restraints
Other medical exam for administrative purposes						
01/04/2010 09:50 EST Alama, F. MLP	Temporary/Acute	V70.3	01/04/2010	Current	01/04/2010	
Other medical exam for administrative purposes						
12/02/2009 10:06 EST Navarro, I. MLP	Temporary/Acute	V70.3	12/02/2009	Current	12/02/2009	
Respiratory disease (chronic) NOS						
09/21/2009 10:34 EST Hemphill, J. PA-C	Temporary/Acute	519.9	09/21/2009	Current	09/21/2009	
Fractured restorative material w loss material						
01/07/2009 12:40 EST Highsmith, S. K. DMD	Temporary/Acute	525.64	01/07/2009	Current	01/07/2009	

Reg #: 12585-007

Inmate Name: HILL, DAVID

Description	Type	ICD	Diag. Date	Status	Status Date	Comments
Dental caries extending into dentine						
07/10/2008 17:06 EST Buttermore, Julia DMD Temporary/Acute CDO		521.02	07/10/2008	Current	07/10/2008	Rev. H/HX, NSF
Other specified examination						
05/08/2008 11:42 EST Allred, David DO CD	History/Resolved	V72.85	05/08/2008	Resolved	05/08/2008	normal examination; no evidence of trauma of any sort.

Total: 13

Attachment C

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: LEW--LEWISBURG USP
Inmate: HILL, DAVID

Begin Date: 06/01/2011
Reg #: 12585-007

End Date: 11/16/2011
Quarter: C02-213L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Albuterol Inhaler HFA (6.7 GM) 90mcg

shake well and Inhale 2 puffs by mouth up to four times daily as needed

Rx#: 69724-LEW **Doctor:** Hemphill, J. PA-C

Start: 05/16/11 **Exp:** 08/14/11

Pharmacy Dispensings: 20.1 GM in 184 days

Albuterol Inhaler HFA (6.7 GM) 90mcg

shake well and Inhale 2 puffs by mouth up to four times daily as needed

Rx#: 82525-LEW **Doctor:** Zook, Kenneth PA-C

Start: 11/10/11 **Exp:** 02/08/12

Pharmacy Dispensings: 6.7 GM in 6 days

Ibuprofen 600 MG Tab

Take one tablet by mouth three times daily with food as needed for pain

Rx#: 71219-LEW **Doctor:** Hemphill, J. PA-C

Start: 06/06/11 **Exp:** 07/06/11

Pharmacy Dispensings: 30 TAB in 163 days

Ibuprofen 600 MG Tab

Take one tablet by mouth three times daily with food as needed for pain

Rx#: 75058-LEW **Doctor:** Hemphill, J. PA-C

Start: 07/28/11 **Exp:** 08/27/11

Pharmacy Dispensings: 90 TAB in 111 days

Attachment D

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Hemphill, J. PA-C	Facility: LEW
Note Date: 01/26/2011 05:13		Unit: D03

Medication Renewal/Review encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Hemphill, J. PA-C

Medication Renewal: albuterol inhaler.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
55728-LEW	Albuterol Inhaler HFA (6.7 GM) 90mcg	01/26/2011 05:13	shake well and inhale 2 puffs by mouth up to four times daily as needed x 90 day(s)

Indication: Respiratory disease (chronic) NOS

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 01/26/2011 05:14

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Hemphill, J. PA-C	Race:	BLACK
Encounter Date:	01/26/2011 05:13			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 01/26/2011 09:12.

Attachment E

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Hemphill, J. PA-C	Facility: LEW
Note Date: 06/06/2011 11:26		Unit: D03

Medication Renewal/Review encounter performed at Special Housing Unit.
Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Hemphill, J. PA-C
Medication Renewal.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>
57852-LEW	Ibuprofen 600 MG Tab

<u>Order Date</u>
06/06/2011 11:26

Prescriber Order
Take one tablet by mouth three times daily with food as needed for pain x 30 day(s) -- refill x 2

Indication: Other chronic pain

Coplay Required: No	Cosign Required: Yes
Telephone/Verbal Order: No	

Completed by Hemphill, J. PA-C on 06/06/2011 11:27
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.